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# ORIGINAL

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL
OMB Number: 3235-0076
Expired April 20 0000

	SECTION 4(6), AND/OR	
UNIFO	RM LIMITED OFFERING EXEM	PTION
	nent and name has changed, and indicate change.)	
Capé Fund II, L.P. Limited Partnershi	p Interests	
	ile 504 Rule 505 Rule 506 Section 4(6)	☐ ULOE
Type of Filing: New Filing Amendmen	nt .	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issu	ет	
Name of Issuer ( check if this is an amendmen	t and name has changed, and indicate change.)	
Cape Fund II, L.P.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
One Georgia Center, Suite 1560, 600 West	Peachtree Street, Atlanta, Georgia 30308	404-815-8188
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		PROCESS
Securities investment fund	managed by general partner and designees.	PROCESSED
Type of Business Organization		APR 09 2007
<u> </u>		lease specify):
business trust limite	ed partnership, to be formed	lease specify): FAPR 0 9 2007 THOMSON
	Month Year	· walkC/A)
Actual or Estimated Date of Incorporation or Organ		nated
	er two-letter U.S. Postal Service abbreviation for State	
	N for Canada; FN for other foreign jurisdiction)	GA:

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 774(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## - ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a toss of an available state exemption unless such exemption is predictated on the filling of a federal notice.

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<ol><li>Enter the information re</li></ol>	quested for the fol	lowing:			
<ul> <li>Each promoter of t</li> </ul>	he issuer, if the iss	uer has been organized v	vithin the past five years;		
<ul> <li>Each beneficial own</li> </ul>	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issue
Each executive off	icer and director of	corporate issuers and of	corporate general and ma	naging partners of	partnership issuers; and
<ul> <li>Each general and n</li> </ul>	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	X General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Cape Investments					
Business or Residence Addre		Street, City, State, Zip C	ode)		<del></del>
			e Street, Atlanta, Geo	orgia 30308	
Check Box(es) that Apply:	N Promoter	Beneficial Owner	X Executive Officer		General and/or Managing Partner
Full Name (Last name first, it	f individual)			<del></del>	
King, Joe Tom (J	.T.) III				•
Business or Residence Addre		Street, City, State, Zip C	ode)		<del></del>
One Georgia Ce	nter, Suite 1560	0, 600 West Peachtre	ee Street, Atlanta, Ge	orgia 30308	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)		
		,,,,	,		•
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Pull Name (Last name first, it	individual)	<u></u>		<del>-</del>	<del></del>
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	D Promotor	C Perefei l Our e	The state of the s	C Dimeter	□ C11(
Check Box(es) that Apply.	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	(Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	····			
Business or Residence Addres	(Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	· · · · · · · · · · · · · · · · · · ·		<del></del> -	· · · · · · · · · · · · · · · · · · ·
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)	<del></del>	
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1.	Has the	issuer sol	d or does t	he issuer i	ntend to se	ell to non-e	ccredited :	investore in	n this offer	ina?		Yes	No 🗵
•	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								П	6			
2.										s 500	0,000*		
-	* Subject to waiver.										Yes	No	
3.			permit join									X	
4.	commis If a per or state	ssion or sim son to be lists, list the n	tion reques nilar remund sted is an as ame of the t , you may s	ration for s sociated po proker or d	solicitation erson or ag ealer. If m	of purchas ent of a brol ore than fiv	ers in conn ker or deald e (5) perso	ection with er registere ns to be list	sales of se d with the S ted are asso	curities in t SEC and/or	he offering with a stat	;. <b>c</b>	
Ful	l Name (	Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (1	lumber and	d Street, C	ity, State, 2	Cip Code)			<u></u>			
Naı	me of As	sociated B	roker or De	alcr									, <u></u> -
Sta	tes in W	hich Person	Listed Ha	s Solicited	or Intend	to Solicit	Purchasers	 ;					
	(Check	"All State	s" or check	individual	States)		*************					☐ A1	Il States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NI TX	LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	Name (	Last name	first, if ind	ividual)									
Bus	iness or	Residence	: Address (1	Number an	d Street, C	lity, State,	Zip Code)	<del> </del>					
Nar	ne of As	sociated Bi	roker or De	aler	<u>.                                    </u>		<del> </del>					<u></u> _	
Stat	tes in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	<u> </u>		<u> </u>			
	(Check	"All States	s" or check	individual	States)					*******************	·····	☐ A1	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Full	Name (	Last name	first, if ind	ividual)									
Bus	iness or	Residence	: Address (1	Vumber an	d Street, C	lity, State,	Zip Code)		<u> </u>				
Nan	ne of As	sociated Br	oker or De	aler		<del></del>		<u> </u>			<del></del>		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers									·				
	(Check	"All States	or check	individual	States)	******************			*************	***************************************	***************************************	□ Al	! States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate		A	mou	nt Already
	Type of Security	Offering Pri		,		old
	Debt			\$_		
	Equity			\$_		
	Common Preferred					
	Convertible Securities (including warrants)			<b>s</b> _		
	Partnership Interests	150,000,0	00	\$	<u>5.00</u>	0.000*
	Other (Specify)			\$_		
	Total	150,000	000	\$_	5.0	00,000*
	Answer also in Appendix, Column 3, if filing under ULOE.			_		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Αį	gregate
		Number Investors			of Pu	r Amount urchases
	Accredited Investors			\$_	5,0	*000,000
	Non-accredited Investors	0		\$_	·	
	Total (for filings under Rule 504 only)			\$_		
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.					
	Type of Offering	Type of		£		r Amount
	Rule 505	Security NA		•		old
	Regulation A		—	<b>s</b> _		NA
	<u> </u>		_	\$_		NA NA
	Rule 504		_	2_		
	Total	NA_	_	2_		NA
1	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			<b>\$</b>		
	Printing and Engraving Costs	*****	ß	<b>s</b>	1,0	00
	Legal Fees	*******	Ø	<b>s</b>	3,0	000
	Accounting Fees			<b>s</b> _		
	Engineering Fees			\$		
	Sales Commissions (specify finders' fees separately)			<b>s</b>		
	Other Expenses (identify) blue sky filing fees	,,.	N	\$_	3,0	000
	Total		$\Box$	<b>S</b>	7,0	000
			_	_		

	and total expenses furnished in response to Part (		•••••••••••••••••••••••••••••••••••••••			s <u>14</u>	9,993,000
5.	Indicate below the amount of the adjusted grosseach of the purposes shown. If the amount for check the box to the left of the estimate. The tot proceeds to the issuer set forth in response to	or any purpose is not known, fu al of the payments listed must eq	rnish an estimate and			•	
		•		D	ayments to Officers, Directors, & Affiliates		ayments to
	Salaries and fees			_			
	Purchase of real estate	•	*************************	<b>S</b> .	0	_ 🗆 \$_	0
	Purchase, rental or leasing and installation of	machinery			0	<b></b>	•
	and equipment						
	Acquisition of other businesses (including the			_ ₹	<u> </u>	- 🗆 \$_	
	offering that may be used in exchange for the issuer pursuant to a merger)	assets or securities of another		<b>□ \$</b> .	0	_ 🗀 <b>s</b> _	0
	Repayment of indebtedness	***************************************	***************************************	<b>□ \$</b> ,	0	_ [] <b>\$</b> _	0
	Working capital					s	0
	Other (specify): purchase of portfolio	securities		<b> \$</b> .	0	. 🛭 <b>S</b> _	149,993,00
				s_	0	. 🗆 \$_	0
	Column Totals	***************************************		<b>[] \$</b> ,	O*	区 \$_	149,993,00
	Total Payments Listed (column totals added) .					149,99	3,000
Å			WWW.	2)			
igr	issuer has duly caused this notice to be signed by lature constitutes an undertaking by the issuer to information furnished by the issuer to any non-	furnish to the U.S. Securities a	nd Exchange Commi	sion	, upon writte		
	er (Print or Type)	Signature		Date	3.29.0	7	
_	Cape Fund II, L.P.	Tisla of Sianas (D. int and					
120	ne of Signer (Print or Type)	Title of Signer (Print or T	-				
	Joe Tom (J.T.) King, III	Manager of Gene	ral Partner				

\* The general partner will receive a quarterly cash fee in an amount equal to .25% of partner capital account balances and a yearly incentive profit allocation equal to up to 20% of net profits, subject to a high water mark.

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)